

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

KERRY JOHNSON, et al.

\*

Plaintiffs

\*

v.

\*

Civil Action No. 1:06-cv-408

GEICO CASUALTY COMPANY, et al.

\*

Defendants

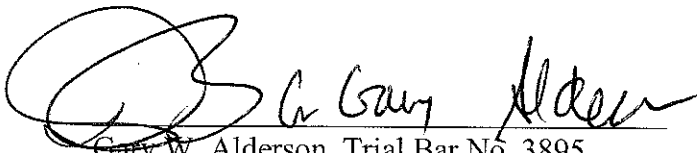
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CLASS ACTION

\* \* \* \* \*

**NOTICE OF RULE 30(B)(6) DEPOSITION DUCES TECUM OF  
FAULK ROAD PHYSICAL THERAPY, INC. d/b/a PRO PHYSICAL THERAPY**

PLEASE TAKE NOTICE that pursuant to FED. R. CIV. P. (b)(6), the Defendants will take the deposition upon oral examination of the person designated by Faulk Road Physical Therapy, Inc. d/b/a Pro Physical Therapy with respect to the topics set forth in Schedule A. The designee shall produce the original documents set forth in Schedule B. The deposition duces tecum will take place on July 16, 2008, commencing at 11:00 a.m., at the offices of LAW OFFICES OF DAWN L. BECKER, 919 N. Market Street, Suite 460, Wilmington, Delaware 19801, or such other date or at such other time or place as may be agreed upon by the parties or ordered by the Court. The deposition will be recorded by stenographic means.



Gary W. Alderson, Trial Bar No. 3895  
Dawn L. Becker, Trial Bar No. 2975  
LAW OFFICES OF DAWN L. BECKER  
Citizens Bank Center  
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Wilmington, Delaware 19801  
302-778-5786  
*Attorneys for Defendants*



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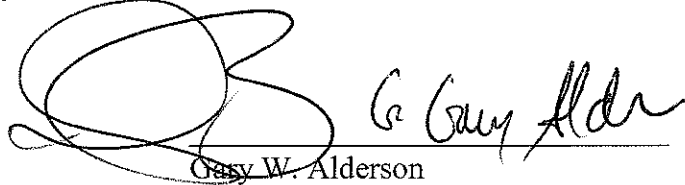
*Attorneys for Defendants  
Admitted Pro Hac Vice*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY, that on this ~~3<sup>rd</sup>~~<sup>4<sup>th</sup></sup> day of June, 2008, a copy of the foregoing  
was mailed, first class mail, postage prepaid, to:

Richard H. Cross, Jr., Esquire  
Christopher P. Simon, Esquire  
CROSS & SIMON, LLC  
913 North Market Street  
11<sup>th</sup> Floor  
P.O. Box 1380  
Wilmington, Delaware 19899-1380

Attorneys for Plaintiffs



Gary W. Alderson

**SCHEDULE A**

**TO:** Faulk Road Physical Therapy, Inc. d/b/a Pro Physical Therapy

**The deponent is requested to produce a person or persons who are most knowledgeable about and can testify regarding the matters described below:**

1. The treatment rendered to Sharon Anderson, DOB: 1/23/63, in 2005.
2. The documentation of treatment rendered to Sharon Anderson in 2005.
3. The billing procedures for the treatment rendered to Sharon Anderson in 2005.
4. The complete billing history related to treatment rendered to Sharon Anderson in 2005, including all billing, invoices, payment records, and explanations of benefits, communications with the patient, attorneys, insurers, collection agencies or credit reporting agencies.
5. The relationship, ownership, affiliation or connection between Faulk Road Physical Therapy, Inc. d/b/a Pro Physical Therapy and Touch of Health Massage Alliance.
6. The method used by Faulk Road Physical Therapy, Inc. d/b/a Pro Physical Therapy to determine the fees for the treatment rendered to Sharon Anderson in 2005.
7. The methods of determining what treatment modalities to utilize in the treatment of Sharon Anderson 2005.
8. The identities of all persons who rendered treatment to Sharon Anderson in 2005.
9. The licensure of all persons who provided treatment to Sharon Anderson in 2005.

10. The relationship and/or utilization of services, data, or information from Medicode (or Ingenix) between January 1, 2001 and the present.

11. The relationship and/or utilization of services, data, or information from MedEval between January 1, 2001 and the present.

12. The relationship with and/or utilization of services, data or information from any third party vendor concerning your billing practices or amounts or the selection of treatment modalities.

13. The efficacy or therapeutic value of electrical stimulation, hot packs or ultrasound for Sharon Anderson.

14. The relationship, if any, between the treatment provided to Sharon Anderson in 2005 and the motor vehicle accident of August 3, 2004.

**SCHEDULE B**

**TO:** Faulk Road Physical Therapy, Inc. d/b/a Pro Physical Therapy

**DOCUMENTS TO BE PRODUCED**

1. The entire original medical chart for Sharon Anderson.
2. All records related to the complete billing and payment history, including documents related to payments, write-offs, write-downs, Explanations of Benefits, insurance payments, co-pays, collection efforts or referrals for Sharon Anderson.
3. All medical literature, studies, texts, articles, or any and all other documents which support your use of electrical stimulation, hot packs or ultrasound for Sharon Anderson.